

BIE/BIA eQIP Request Form

Personal Information	
*Full Legal Employee	
*Social Security Number	
*Date of Birth	
*City and State/Country of Birth	
*Email Address	
Identified as an Emergency Responder (True or False)	
eQIP Information	
Official Title of Position	
Supervisor's Name and Work Email	
Organizational Code	
Duty Station (City/State)	
Account Number/Cost Code	
Is this...	<input type="checkbox"/> New Employee <input type="checkbox"/> Transfer <input type="checkbox"/> Contractor <input type="checkbox"/> Change in position <input type="checkbox"/> Reinvestigation <input type="checkbox"/> Volunteer <input type="checkbox"/> Tribal User <input type="checkbox"/> Short Term Emergency Response Personnel
Position Sensitivity/Risk Designation (Check appropriate box):	<input type="checkbox"/> Low Risk <input type="checkbox"/> High Risk (BI) <input type="checkbox"/> Moderate Risk (MBI) <input type="checkbox"/> Critical Sensitive <input type="checkbox"/> Child Care Duties (CNACI) <input type="checkbox"/> Special Sensitive <input type="checkbox"/> Non Critical Sensitive
If this position requires National Security access, what level?	<input type="checkbox"/> Confidential <input type="checkbox"/> Top Secret <input type="checkbox"/> Secret <input type="checkbox"/> Sensitive Compartmented
Background Check Results (completed by Personnel Security Office)	
Type of Investigation/ Date Completed	
<input type="checkbox"/>	Approved for EOD via confirmed investigation.
<input type="checkbox"/>	Approved for EOD but requires a new investigation because: <input type="checkbox"/> Investigation on file is not high enough for new position. <input type="checkbox"/> Other
<input type="checkbox"/>	Not approved for EOD because: <input type="checkbox"/> No record on file. <input type="checkbox"/> Investigation on file is out of date/not appropriate for position <input type="checkbox"/> Individual has more than a 24 month break in service.
Other Information	
SPOC/HR Representative/COTR Name/Phone Number	

NOTE: Please write legibly or type information into the form. ALL fields must be completed for before submitting.

Fax to: BIA Personnel Security 505-563-3039

eQIP initiated by:	
Date:	
eQIP Request ID number:	